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BY:

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Aug 25, 2017 Case Number: 18-14

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: DR. MAGGIE JONES
Premise Name: VETERINARY SPECIALTY CENTER
Premise Address: 4909 N. LA CANADA
City: TUCSON State: AZ Zip Code: 85704
Telephone: 520-795-9955

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: MARCHE BYERLEY
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

Thursday, August 3, 2017 around 3pm: Took Weller to Veterinary Speciality Center (VSC) for emergency services after he ate a bunch of grass and vomited 6 times in 1 day. Weller was seen by Dr. Jones. When I met with Dr. Jones I told her specifically that it sounded like there was something, which I believed was a piece of grass, stuck between his nose and mouth, I told her that he could not eat and was having trouble drinking. I said that he was breathing strangely and lethargic. She listened to him and agreed that it sounded "upper respiratory". When she came back with a "plan" she discounted my concerns regarding his esophagus and said that it was partly because of his breed and mostly likely because the vomit burned his esophagus. I assured her that even though this noise might be common in other brussels griffons it is not normal at all for Weller and the gagging and vomiting were very unusual. Rather than addressing the breathing and swallowing problems she took X-Rays of his stomach and did blood work. I agreed to this because I was trusting her as an expert in her field. When they had the results I was told that the x-rays did not show anything of concern. I didn't get to see the x-rays that evening because, in Dr. Jones words, "the computer isn't working". I asked the tech before the x-rays if they could get his lungs and esophagus to address possible aspiration. She said that he was pretty small so they might be able to get that in the images. When I left they gave me discharge paperwork that stated if he has "nasal discharge" or "difficulty breathing" to contact them or come back.

Friday, August 4, 2017 8:05am: I called Veterinary Specialty Center and informed the woman who answered the phone that Weller was now having nasal discharge, specifically bubbling from his nose and running clear mucus, and difficulty breathing, and still did not want to eat.

She responded with: "Well, is the discharge green or smelly?"

I told her: "no it is clear but it is new, he did not have it yesterday and and he is more lethargic than he was the day before and his breathing has changed."

I also asked: "should I be concerned if he is still not wanting to eat?"

She said: "No that can take a few days."

I asked if I should come in, she put me on hold and I think spoke with a veterinarian. When she got back on the phone she said, "It's normal for them to have nasal discharge but if it becomes green or smelly then you should bring him back in." I said, "he is having difficulty breathing, he can't breath through his nose." She said, "Is it labored?" I asked for the definition of "labored", she said "if his chest is moving up and down or he is gasping". I said "his chest always moves up and down but he is breathing out of his mouth more because his nose is not working and he has lots of mucus." She said she didn't want to discount my concern but that she didn't think he needed to come back in at this time because of the lack of symptoms.

Friday, August 4, 2017 5:27pm (6 minute phone call): I called and asked that my records, x-rays lab work, etc be emailed to me. The receptionist said that it might take 30-40 minutes for me to receive it.

Friday, August 4, 2017 6:21pm (17 minute phone call): I called and spoke with the receptionist. I told her that I was really upset because Weller was significantly worse and that earlier in the day and that I was discouraged from bringing him back in because the woman I spoke with earlier said his symptoms were, "not of concern." She looked at his chart, apologized for whoever said he should not come back in because it clearly states that he should come in if he has "Nasal discharge" or "Labored Breathing". I told her that now I was 3 hours outside of the window of being seen for free within 24 hours of the previous appointment but that I would have come in at 9am had the woman I spoke with said that it was a concern. She told me that I could try to negotiate that with the doctor once I got there. I informed her that I was extremely upset and wanted to speak with the account manager about what had transpired. She informed me that they keep "normal business hours" and therefore would not be in the office until Monday. She agreed that I had been given poor and misinformation and was very apologetic. I asked again for the x-rays to be emailed and the lab work and records, they said they did it but it can "take some time to go through"

At this point I had lost trust in that facility because they were not addressing the primary reason I went into the office. They encouraged me to not come back in when I called earlier in the day, thus putting Weller's health at serious risk. They did not even address the elevated white blood cell count which indicates infection or inflammation, and they would not let me talk to a manager or supervisor.

Monday, August 5, 2017 5:57 am (1 minute phone call): I called Veterinary Specialty Center and informed them that I never received the email. That I needed it urgently because I was taking him to a different emergency vet that was closer to my house. I received the email at 6:06 am. Containing all of the medical notes and x-rays. I took him to another vet who helped me rule out aspiration pneumonia but because of their diagnosis of "inflammation of the esophagus" they didn't look into the root cause.

Monday, August 7, 2017 2:22pm (6 minute phone call): I called the office and asked to speak with the account manager. I was asked what it was regarding. I explained my situation to the receptionist at which point she informed me that the account manager was not there and asked if I would leave a message. I left a message for either Heather Mathews, or Judith Gonzales describing what happened.

Monday, August 7th 9:45 am: Weller was seen by his primary veterinarian, (who had been out of town thus needing emergency services). He listened to my concerns and agreed that it sounded like there was something stuck. At approximately 1:30pm that afternoon they performed an endoscopy and found a blade of grass lodged in his soft palate between his nose and mouth. The grass was removed and Weller is now on the mend and able to eat and drink normally.

Tuesday, August 8th 5:18pm (6 minute phone call): I called Veterinary Speciality Center to ask why I had not heard back from anyone in more than 24 hours. I reviewed what happened

and told the receptionist that my regular veterinarian found the blade of grass on Monday. I asked her to please look at the notes as it says specifically that that was my primary concern and that it was ignored. She was very apologetic and said that it was not right that I had to go through all of that and that she would be placing my file on the desk of both Judith Gonzales and Heather Matthews.

Thursday August 10th: Still had not received a phone call or any communication from VSC.

Friday, August 11th 9:29am (9 minute phone call): I called Veterinary Speciality Center to ask them to please email me the notes associated with my phone calls so that I knew that my messages were being given to the proper people and that they had the same information that I had about my conversations with the receptionists. These notes have been readily available at all of the other veterinarians I have seen, ie: Paws, Valley Animal Hospital. I was asked by the receptionist if I had filled out a "Medical Records Release". I was very confused as they had emailed me Wellers records and x-rays several days before without having said, "Medical Records Release". Additionally there are no HIPPA laws regarding animals. When I brought that to her attention the receptionist said that I would have to come in and fill one out, it would then have to go to the hospital managers and be "approved" before I could get copies. I asked if she could see my phone calls to their clinic, she began to read off the specific dates and approximate times I called. I then asked her to read back to me the last message I left.

She said "I can see you called on August 8th around 5pm"

I said, "Can you read to me the message I left?"

She paused and then put me on a long hold and when she came back to the line said, the best I can do is have you leave a message for Judith Gonzalez.

I said, "you can't read it to me?"

She said, "No, you can leave a message for Judith."

I proceeded to leave another message for Judith Gonzalez.

Friday August 11th approximately 1:00pm: Went to the office to fill out a Medical Records Release. When I arrived I said I would like to get all of the records including the notes regarding my messages. I also said If Judith Gonzalez is here I would like to meet with her as well. The receptionist called dialed a number on her desk phone and said "Hi Judith I have someone here to see you." She then gave her my account number and said Judith will be right down. I asked again if I could get the records so that I when Judith and I met we could be on the same page. Her response was, you can talk to Judith about that.

Judith and I went into one of the clinic rooms and I reviewed my case, and experience and expressed my concern and frustration with the complete lack of communication, bad advice and continued negligence on their part. She took notes and was very apologetic saying that the service I received was not up to standard and that, "Our policy is if an owner calls and is concerned following an appointment that they should come back in right away." She said she was going to talk to the front office staff and use this to improve services. She also said she does not know why it took me driving over to speak with her because she was in the office every

day that I called, additionally that there were other people that could have assisted me with my concerns if she was in a meeting. She also said that she would bring this matter to the attention of Dr. Alcott, who would review the case and see if things were done with "Medical Integrity". She then asked what else I she could do for me. I said "I would like a full refund." She said, "I completely understand, and I am going to work on that. Please give me until next Wednesday."

I then asked again for the medical notes regarding my phone calls and the lack of follow up. They said that those were internal and I could not see them, even though earlier in the day I was told that I could get them if I filled out a "Medical Records Release"

Wednesday, August 16th 4:30pm (9 minute phone call): Judith Gonzales called me to follow up regarding the meeting on August 11th. She said she spoke with Dr. Alcott and he determined that everything was done with "Medical Integrity" and that she could offer me a 50% refund for the services rendered. I politely said that I feel I am owed the full refund due to the fact that I ended up having to pay twice as much because they did not follow up and did not listen during the appointment. Therefore I paid for their services, Valley Animal services, and PAWS services. She said, "The doctor said that grass could have gotten stuck there in a lot of different ways, like vomiting" I said, "Yes that's exactly how it got in there and I said that during the appointment, he (my dog Weller) went outside, ate a bunch of grass and immediately vomited, that's when the problem started was after the vomiting."

She said well he determined that everything was done with medical integrity.

I then asked what their definition of "Medical Integrity". She could not provide me with that. So I said "Can I make an appointment to speak with Dr. Alcott to determine how he decided that it was done with medical integrity" She said that would not be possible as he is booked for 3 weeks because he is also the Neurologist. I then said that I feel like there is a lack of transparency, that I can go to any other vet office and see the medical notes and get clear answers but that I felt like they were withholding information.

Judith Gonzalez then said, "I think it is obvious that you have lost trust in us and that this relationship is irreparable and in the future if you need emergency services you should go elsewhere."

I then asked if she could provide me with who owns the company because I was not aloud to speak with Dr. Alcott, she said her district manager phone number is [REDACTED]. I asked who I should speak with there, she said Steven Kimp. When I called that number it and tried to find his name in the directory it said, "No names match your entry".

Wednesday, August 16th 4:44pm (55 second phone call): I placed a call Gina Volpacchio Chairman and CEO at PetVet Care Centers [REDACTED], their parent company. I left a message asking that someone please call me regarding a very bad experience and issues with a clinic here in Tucson Arizona.

At this point have exhausted my options in resolving this matter outside of disputing the charges. Over and over they admittedly did not provide services that were up to their standard of care. They did not follow up and provided me with inaccurate and dangerous information.

They refuse to let me speak to the Medical Director, Dr Alcott, who made the final decision about how my case was handled. They did not have an outside agency reviewing the case but their own medical directory who is partisan to their clinic. Dr. Alcott did not call me, no one reached out to me or the other veterinary offices I visited. They only looked at their internal information and made a decision without being able to provide me with the definition of "medical integrity". They have offered me a 50% refund, however cannot tell me how they came to that amount? I did not decline this offer however I said that I was uncomfortable with it and would like to speak to someone above Judith Gonzalez. At the very minimum I am owed that 50% refund but do not feel I should have to pay anything as they did not follow their own standards of care clearly stated on their website:

<http://vsct.com/about-vsct/our-mission/>

- **Service Excellence**
- *Our goal is to foster an atmosphere of trust, respect and communication with you, your pet and your referring veterinarian. We are dedicated to providing the highest quality support and service we can.*
- **Guidance and Counsel**
- *We strive to provide all the information we can to help you make appropriate decisions on behalf of you and your pet. We are here to help you give your pet the best quality of life possible, at the most reasonable treatment cost.*

Additionally they are in breach of Principles of Veterinary Medical Ethics:

https://www.avma.org/About/Governance/Documents/2014S_Resolution8_Attch1.pdf

"Veterinarians shall disclose to clients potential conflicts of interest." - Page 3

(Having Dr. Alcott, a partisan employee of VSC make a determination as to the medical integrity of my case)

"Veterinary medical records are an integral part of veterinary care. The records must comply with the standards established by state and federal law.

- i. Medical records are the property of the practice and the practice owner. The original records must be retained by the practice for the period required by law.*
- ii. The information within veterinary medical records is confidential. It must not be released except as required or allowed by law, or by consent of the owner of the patient.*
- iii. Veterinarians are obligated to provide copies or summaries of medical records when requested by the client. Veterinarians shall secure a written consent to document that provision.*
- iv. Without the express permission of the practice owner, it is unethical for a veterinarian to remove, copy, or use the medical records or any part of any record for personal or professional gain." - Page 4*

When I asked for the Medical Notes regarding follow up calls I made and they made I was first told that I had to come in and sign a Medical Records Release Form, I was then told while in the office by Judith Gonzales, that these are "internal documents" and there is no way for us to give them to you. Even though these records document Wellers continued problems and their recommendations.

"Veterinarian-Client-Patient relationship (VCPR). A VCPR means that all of the following are required:

- a) The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the client has agreed to follow the veterinarian's instructions.*
- b) The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of:*
 - i. a timely examination of the patient by the veterinarian, or*
 - ii. medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.*
- c) The veterinarian is readily available for follow-up evaluation or has arranged for the following:*
 - i. veterinary emergency coverage, and*
 - ii. continuing care and treatment.*
- d) The veterinarian provides oversight of treatment, compliance and outcome.*
- e) Patient records are maintained." - Page 8*

The veterinarian at VSC , Dr. Jones, was provided with specific information but chose to ignore it and proceed with her understanding of that specific breed which is clearly stated in their notes about how the noises he is making, although unusual for Weller are normal for "brachycephalic dogs to have stertor". The veterinary office told me not to come in which is in direct contradiction to "Veterinarian is readily available for follow-up evaluations has arranged emergency coverage and continued care and treatment". Dr. Jones did not provide "oversight of the treatment, compliance or outcome" as VSC did not call me after my visit to check on Weller or return my call or make any after I called with concerns that his symptoms were worse. I have been told by several people at their office, including Judith Gonzalas that I cannot see the Medical Notes or Correspondence Notes regarding phone conversations I have had with them about Weller following his appointment. Every other veterinarian I have seen has attached those and considers them apart of the Medical Records because it is documentation of their medical situation.

09/04/2017

Re: Reference #18-14, Weller owned by Marche Byerley

Dear Members of the Investigative Division of the Arizona State Veterinary Medical Examining Board,

The following narrative was written in response to an investigation of reference number 18-14. Weller presented to the Veterinary Specialty Center of Tucson (VSCT) Emergency Service on Thursday August 3, 2017, with a history of vomiting 6 times in the previous 32 hours. On the intake paperwork, the client stated the reason for visiting was, "vomiting, not eating, [and] 'coughing'." Description of the 'coughing' episodes was consistent with nonproductive retching. The mild, occasional, stertorous breathing was mentioned as a sequelae to the vomiting episodes. Inability to swallow was never mentioned as a problem. In fact, Weller was noted to have eaten treats and small amounts of food prior to several of the vomiting episodes.

Weller's physical examination revealed adequate hydration, occasional mild inspiratory stertor, and a hunched appearance as if guarding his abdomen; although, there was no notable pain response upon abdominal palpation. The client mentioned her concern for a blade of grass lodged in the nasopharynx and hoped that I could image the region to diagnose this issue. I explained that the most ideal way to image the area would be via CT scan and/or rhinoscopy, both of which are not available for same day examination at our facility unless the patient is suffering from a life threatening illness. Weller's stertor was intermittent and mild, he did not have any nasal discharge on physical examination, and his respiratory effort was normal. There was no indication that emergency advanced imaging (CT scan/rhinoscopy) was necessary at the time of examination. Moreover, Weller has previously presented to our facility for a suspected grass awn in the nose, for which a foreign body was never identified. It was considered much more likely that Weller's mild stertor was due to inflammation of the soft palate associated with vomiting. Due to the increased anesthetic risks associated with brachycephalic breeds, paired with his extremely mild respiratory signs, further investigation of the respiratory signs was considered non-emergent.

The problems which were considered more concerning to the immediate health of Weller, and his original presenting complaint, were excessive vomiting, dry heaving, and inability to keep down food. Ms. Byerley agreed to investigate the vomiting, understanding that the nasopharynx would not be included in the study. Abdominal radiographs showed decreased serosal detail in the cranial abdomen, most consistent with pancreatitis or primary gastroenteritis. Complete blood count revealed a leukocytosis, characterized by monocytosis and neutrophilia with bands suspected (in-house machine does not read immature neutrophils). The radiographic and clinicopathologic findings were suspected to be the result of mild systemic inflammation, possibly secondary to pancreatitis. There were no other physical exam findings to support inflammation or infection elsewhere. Plasma electrolytes and venous blood gas were normal. A serum biochemistry analysis revealed a mildly elevated alkaline phosphatase (ALP) level. ALP is a nonspecific enzyme produced by several tissues within the body, and can be mildly increased in reaction to inflammation in the cranial abdominal cavity, as seen on abdominal radiographs. The packed cell volume (PCV) and total solids (TS) were mildly elevated and at the high end of normal, respectively, indicating minimal hemoconcentration, likely related to dehydration and previous history of vomiting.

Ms. Byerley returned to the examination room following the above diagnostics to discuss the findings. Unfortunately, the computer program was not allowing access to the images so I asked if it would be okay if I simply explained the results to her. She did not seem bothered by this change of plan and was shown the results of the complete blood count and serum biochemistry analysis in person. Because the changes on blood work

were minor, we discussed that additional diagnostics and hospitalization were not warranted at that time. Outpatient treatment was recommended. Weller was treated with subcutaneous fluids to combat mild dehydration. He was also given Cerenia to treat nausea and prevent further vomiting in the next 24 hours. I explained that vomiting through the Cerenia would be cause for concern and could indicate a need for hospitalization and further supportive care. Additionally, the discharge instructions clearly stated that if Ms. Byerley observed discharge from the nose or increased effort to breathe, Weller should be brought back for additional diagnostics. The entirety of this appointment lasted 2.9 hours. Weller was discharged at 4:01 pm.

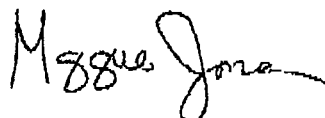
Sixteen hours after discharge, the client called VSCT and spoke to one of our nurses, Serena Causey, who briefly consulted with me about the call. The client had started Tresaderm drops in the nose on her own and then noticed clear nasal discharge bilaterally. The client was hoping to obtain a prescription for additional antibiotics for the nose. This request was denied because there was no indication of nasal infection (no purulent discharge). I suspected that the clear discharge mentioned by the client was residue from the self-prescribed Tresaderm drops that she was administering in the nose. At this time Weller was reportedly not showing signs of labored breathing, so she was advised to continue monitoring for additional signs of infection or distress. Additionally, the client expressed concern that Weller was still not interested in eating. She was counseled that appetite may take another 12-24 hours to return, but from her description it didn't sound like he needed to be seen right away. Ms. Byerley was informed that the doctor on duty would waive the exam fee if she returned that evening despite being over the typical 24-hour deadline. Ms. Byerley was cautioned that a CT scan and/or rhinoscopy would still not be available on an emergency basis and Weller would have to wait until the following day, unless Weller's symptoms had worsened.

Weller did not return to VSCT for additional examination, diagnostics, or hospitalization. All documents within the medical record were provided to the referring veterinarian 6 hours after discharge and to Ms. Byerley upon request. The remainder of Ms. Byerley's complaints do not involve me or the direct medical care of the patient. Medical records were received from PAWS Animal Hospital, stating a diagnosis of a pharyngeal foreign body, but also noted that Weller had abdominal pain and was observed vomiting at least two days after removing the foreign body.

This case was reviewed internally by our medical director, Dr. Cody Alcott, and the client's request for a full refund was denied. A 50% discount was offered by our Hospital Manager (Judith Gonzalez) due to lack of an update phone call 24 hours after discharge, which is standard operating procedure for patients coming to the VSCT Emergency Service, but this was declined by Ms. Byerley. Additionally, a client call protocol was implemented and shared with the entire team to assure that all future incoming calls are handled effectively and in a timely manner.

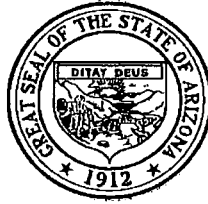
Please contact me with any additional questions or concerns.

Regards,



Maggie Jones, DVM
Veterinary Specialty Center of Tucson

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Donald Noah, D.V.M.
Adam Almaraz
Amrit Rai, D.V.M.
Tamara Murphy

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Sunita Krishna, Assistant Attorney General

RE: Case: 18-14

Complainant(s): Marche Byerley

Respondent(s): Maggie Jones, DVM (License: 6921)

SUMMARY:

Complaint Received at Board Office: 8/25/17

Committee Discussion: 11/7/17

Board IIR: 12/13/17

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September
2013 (Yellow)

On August 3, 2017, "Weller," an 8-year-old male Brussels Griffon was presented to Respondent for vomiting and anorexia. The dog had eaten grass and Complainant was concerned the dog had a blade of grass lodged in his pharynx. Respondent felt it was unlikely and diagnostics were performed. Nothing significant was found and the dog was discharged with instructions to return if the dog exhibited nasal discharge or difficulty breathing.

The following day, Complainant called to report the dog was having nasal discharge and difficulty breathing. She was advised that the dog did not need to return at that time.

On August 7, 2017, the dog was presented to PAWS; an endoscopy was performed and a blade of grass was found in the dog's pharynx.

Complainant contends Respondent was negligent in the care of the dog.

Complainant was noticed and appeared telephonically.

Respondent was noticed and appeared telephonically. Counsel Suzie Irwin was present.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Marche Byerley*
- Respondent(s) narrative/medical record: *Maggie Jones, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Randy Aronson, DVM – PAWS; VCA Valley Vet*
- Witness(es) narrative: *Ben Watcher*

PROPOSED 'FINDINGS of FACT':

1. On August 3, 2017, the dog was presented to Dr. Jones with a history of vomiting, eating grass, not eating his regular diet and non-productive retching. Complainant also reported that the dog was arched over as if he was guarding his abdomen. Upon exam, the dog had a weight = 12.8 pounds, a temperature = 102.1 degrees, a heart rate = 120bpm and a respiration rate = 30rpm with mild occasional inspiratory stertor. The dog had a slightly hunched stance but the abdomen palpated non-painful – no abnormalities noted. Hydration was adequate.

2. Complainant believed the dog had a piece of grass stuck between the nose and mouth which was causing him to breathe strangely. Dr. Jones stated that the dog sounded like he had an upper respiratory issue but was partly because of the breed and because the vomit burned his esophagus. Complainant explained that the upper respiratory noise may be common in other Brussels Griffon, it was not normal for her dog.

3. Dr. Jones felt the respiratory signs were non-emergent and the vomiting, dry heaving and the inability to hold down food was more concerning at that time. Abdominal radiographs and blood work were recommended and approved by Complainant. Radiographs revealed decreased serosal detail in the cranial abdomen and no obvious foreign body or obstructive pattern. Blood work revealed the following abnormalities:

WBC	24-47	5.5 – 16.76
Mono	1.24	0.16-1.12
Neu	20.41	2.95-11.64
Alk Phos	262	23-212
Amyl	436	500-1500

4. Dr. Jones relayed her findings with Complainant and felt the dog was stable and conservative treatment would be appropriate. The dog was administered SQ fluids – Normosol 200mLs and Cerenia 5.8mg SQ prior to discharge. Dr. Jones understood Complainant was concerned about a blade of grass caught in the pharynx and told her to return if she saw nasal discharge and an increased effort to breathe, as that would be expected if a blade of grass was lodged. The blood work was consistent with inflammation in the body and mild dehydration. The radiographs were consistent with primary gastroenteritis or pancreatitis. Complainant was to feed the dog a bland diet and return for further diagnostics and hospitalization if the dog did not improve.

5. The following day, Complainant called Dr. Jones's premise and informed staff member, Ms. Causey, that the dog was now having nasal discharge/bubbling from nose, difficulty breathing and was still not wanting to eat; Complainant asked if she should bring the dog in to be seen. Ms. Causey consulted with Dr. Jones – she relayed that Complainant started Tresaderm in the dog's nose and noticed clear nasal discharge bilaterally. Complainant was hoping to obtain a prescription for additional antibiotics for the nose. Dr. Jones denied the request since there was

no indication of nasal infection and suspected the clear discharge was from the Tresaderm drops. Dr. Jones stated that Complainant did not report signs of labored breathing therefore she was advised to continue monitoring for additional signs of infection or distress. Complainant was also told that the dog's appetite may take another 12-24 hours to return but it did not sound like the dog needed to be seen right away.

6. Later that evening, Complainant called to request the dog's medical records and radiographs. She did not receive them therefore called again that evening. Complainant also asked to speak to a hospital manager however one was not available at that time.

7. On August 5, 2017, Complainant still had not received Dr. Jones's medical records and called to again request them as she was taking the dog in for a second opinion. The medical records and radiographs were received.

8. Later that day, the dog was presented to Dr. Olson at VCA Valley Animal Hospital and Emergency Center for a second opinion. Dr. Olson went over the dog's history with Complainant and examined the dog. She noted the dog had mild dental disease, referred upper airway noises and intermittent stertorous breathing. Dr. Olson discussed the findings with Complainant as well as the list of differentials that can cause not only stertorous breathing but trying to put the whole story together therefore they discussed differentials for the vomiting and anorexia also. Complainant was fixed on possible aspiration pneumonia which Dr. Olson agreed that was something that should be ruled out.

9. Thoracic radiographs were performed and showed no evidence of pneumonia. Dr. Olson suggested rechecking blood work and hospitalizing the dog to monitor on oxygen and IV fluids plus gastro-protectants. They could also provide symptomatic care on an outpatient basis. Dr. Olson's recommendation for the stertorous breathing including Valley Fever titer and a rhinoscopy. Complainant declined hospitalization and additional diagnostics and elected to take the dog home. She authorized SQ fluids and oral medications – omeprazole, Tylenol with codeine, and Clavamox – and the dog was discharged.

10. On Monday, August 7, 2017, the dog was presented to Dr. Aronson at PAWS Veterinary Center for ongoing stertorous breathing, nasal discharge, inappetence, coughing, gagging and vomiting. The dog was examined and Dr. Aronson noted a stridorous breathing with a clear nasal discharge and increased respiratory effort. There was some increased cranial abdominal pain on palpation.

11. Dr. Aronson went over the dog's history and his findings and they decided to check the pancreas with a cPL test in-house. Additionally, the elected to perform a rhinoscopy, pharyngoscopy to check for any masses, foreign bodies, etc. The dog was started on IV fluids, cerenia and B-12. The dog was anesthetized and the larynx was examined with a laryngoscope during the placement of the endotracheal tube – inflammation and slight swelling was noted. A flexible endoscope was passed to view the entire laryngeal area and then was retroflexed and passed behind the soft palate to view the cranial toward the nasopharynx. A long single blade of grass was located emanating from the right caudal nares into the nasopharynx. Forceps were placed through the endoscope to grab the grass; inflammation and some ulceration were noted but no other foreign bodies were identified. The dog was administered cefazolin and

dexamethasone sodium phosphate IV and recovered uneventfully.

12. The following day, the dog returned for IV therapy and hospitalization. Complainant reported that the dog ate a small amount the night before but was not interested in food this day and appeared uncomfortable. However, the dog was not having nasal discharge, coughing, wheezing or sneezing.

13. On August 8, 2017, Complainant called Dr. Jones's premise and advised them that a blade of grass was found in the dog's pharynx, which was her primary concern and was ignored. Complainant requested a hospital manager to contact her to discuss. No one returned her call.

14. On August 11, 2017, Complainant called again to request medical record notes to ensure her calls were being given to the proper person. She was asked to fill out a medical records release. Reluctantly Complainant went to the premise to fill out the form and asked to speak with a hospital manager. Ms. Gonzalez was available and met with Complainant. Complainant requested a refund and Ms. Gonzalez advised that she will discuss her request with Dr. Alcott, the responsible veterinarian. Complainant again asked for the medical records showing her phone calls, Ms. Gonzalez stated that those were internal and she could not have them.

15. On August 16, 2017, Ms. Gonzalez contacted Complainant to advise that Dr. Alcott determined the case was done with medical integrity and denied her request for a full refund but could offer a 50% refund. Complainant requested to make an appointment with Dr. Alcott to discuss and was advised that would not be possible as he was booked for 3 weeks.

16. According to Dr. Alcott, he reviewed the medical records from the premise and from PAWS Veterinary Center. He supported the supportive care the dog received over emergency advanced imaging. Radiographs were appropriate for the presenting history of recurrent vomiting and further investigation of the dog's clinical signs was offered on an elective basis since he was medically stable at the time of exam. Dr. Alcott felt that the dog was triaged properly for an emergency service and proper advice was given regarding progression of clinical signs if observed.

COMMITTEE DISCUSSION:

The Committee discussed that Respondent treated the dog appropriately for the acute vomiting; many dogs eat grass and vomit therefore the steps she took were fitting. The diagnosing premise had the hindsight of what Respondent and another facility had done.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in dark ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division